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MEDICAL WRITERS THE BEST PRACTITIONERS.

[Communicated for the Boston Medical and Surgical Journal.]

THIS proposition must be received with some grains of allowance. To say that the probable motive of a large proportion of "medical writers," in this book-making age, is an ambition *to be thought* "the best practitioners," would perhaps come nearer the truth.

This reflection was suggested by an article which appeared in a late No. of the Journal, headed in round terms by the proposition above quoted; which I thought, at the time, deserved some comment, as being *rather inconclusive*.

To the purpose, then—it may be observed that a large portion of our medical literature is made up of the crude effusions of the young and inexperienced, which however laudable as evincing application and enterprise, are faulty as liable to mislead the unwary, and are certainly not to be received as proofs of "practical" ability, which the writers could not have had either time or opportunity to cultivate. A second and more voluminous class are those systematic writers, whose principles and plans of cure are confessedly erroneous, and who, of course, are not to be considered "the best practitioners." A third and still more numerous class, is the motley band of the reporters of cases which have neither newness of character nor ingenuity of treatment to recommend them to attention—promulgators of new and extraordinary remedies which do not bear the test of experiment—fanciful theorists—Mesinerists, homœopathists, hydropathists, *et hoc genus omne*, who are all "medical writers," and come within this sweeping text. The press is teeming daily with grave discourses—monographs—on some particular disease, well known by name, but hard to cure; in which the disappointed reader finds nothing but the gleanings of a medical library in a new binding, without a single new idea of any importance. What an insult to one who hungers and thirsts for something fresh and substantial, to be thus fed as they feed pigs in Westphalia, with GRAINS already digested, over and over again. How provoking, to find oneself thus beguiled of his time and money by a mere compiler, who has done little more than lend his name to an illegitimate bantling, which he has had the practical skill to lick into shape.

If a man has anything new, and worth hearing, to say, as sometimes happens, in the name of goodness let him publish it to the world; it will be attended to; but in default thereof, let him bide his time, and not suf-

fer his *cacoethes scribendi* to overwhelm us with books, which multiply words without knowledge, to make confusion worse confounded.

Mark one of these professed "writers" at the bed-side of the sick, and you shall find him, more often than otherwise, at fault in his diagnostics and prognostics, and prescribing a treatment which would shame an experienced nurse; the fact is, he has seen diseases with other men's eyes, or through the medium of books. If genius (or that indispensable we call tact) be the reward of patient observation merely, such a man seems not to have had enough of this virtue to win the prize; or if it be a natural gift, the gods have denied it to him, and books can ill supply its place.

It is a mistaken notion that all knowledge is shut up in *books*; the preliminary sciences which go to form the medical character—anatomy, botany, chemistry—are not to be acquired from books. They may, if well chosen, serve the student in his progress, as useful auxiliaries—nothing more. Books never made a physician of the reader or *writer* of them. They may, indeed, answer the interested views of the *latter*, and procure for him a factitious credit for a practical skill which he has not.

It is not true, then, that "medical writers," as such merely, are "the best practitioners"—it is not true, even, that very ingenious medical writers are of course the best practitioners. What the Ethic Bard says of the moral, is equally true of the medical, writer:—

"Who reasons wisely, is not therefore wise;
His pride in reasoning, not in acting, lies."

Physic, as well as surgery, is a practical business, and to be useful to mankind needs the guidance of a sound discretion—judgment—wisdom—but, as Armstrong has well observed—"There is a mighty difference between learning and wisdom: the physicians of Sydenham's day were learned men; they could speak and write Latin fluently; but Sydenham could do neither—he attended not to words, but to things—to the phenomena of nature—and despised the learning which was so much the pride of his contemporaries. I have never met with a physician, either in public or private, who was a thorough-paced book-worm, who *did* study the phenomena of nature."

Physicians are very often what Milton calls, "deep versed in books, but shallow in themselves"—and if this be true of the green tree, what shall we say of the dry? since it is to be feared that many of our medical writers are as deficient in book learning as in clinical observation.

This writer has done little to establish his theory by calling up the spirits of the departed; on the other hand, he has rather reminded us that those who have written the most, have done the least to advance the knowledge, or to improve the practice, of either physic or surgery. If the merits of physicians, or their comparative skill in the healing art, was to be measured by the *page written*, their rank could soon be adjusted.

The writings of Hippocrates, including all which have been ascribed to him, are contained in a single volume of moderate size—and yet we

have the internal evidence, and the testimony of all antiquity, that he was a good practitioner.

Celsus, within a smaller compass, has left us an elegant summary of the state of physic and surgery with the Romans, at about the Augustan age, but as he is supposed not to have practised either, we can make little account of him in the present concern.

After a dark night and cloudy morning of more than fifteen hundred years, Sydenham appeared, and by a single volume—the *Novum Organon* of Medicine—threw more light on the treatment of the most prevalent and wide-wasting diseases which afflict humanity, than all the ponderous tomes of Boerhaave, Van Swieten or Hoffman, good and great men as they were. With all our boasted improvements and discoveries, how many diseases can we cure, that Sydenham could not cure?

John Hunter, 'tis true, was somewhat a voluminous writer; but he was the *author* of what he wrote—an original genius—consulted no book but the book of nature—and would have been the last man in the world to subscribe to the dogmas of this writer.

Astley Cooper never wrote for publication, I believe, until he had something to *say* of his own discoveries and improvements, and much of this he left to others to say for him—so that the extent of his practice was in an inverse ratio to the number and size of his books. Of his skill and success we have many living witnesses, without appealing to this writer's standard of dollars and cents.

It would be a tiresome and perhaps invidious task, to pass in review the muster roll of names he has called over; but, if it were done, I doubt whether it would help his cause very materially.

Dr. Rush was one of our earliest and most copious medical writers, and, by precept and example, influenced the practice of physic in this country, for a series of years, beyond any other man. How justly his bold and unprecedented use of bloodletting and of calomel in the treatment of fever, entitle him to rank as one of the "best practitioners," is a question, I take it, long ago settled by tacit agreement. Dr. Rush, no doubt, possessed many great and good qualities—a ready writer—

"Eloquent with ease,
Intent to reason, and polite to please."

But the cast of his mind was not that which goes to form the great physician. With the enthusiasm of a reformer, his imagination was too sublimated and eccentric to be propitious to a sound judgment—he was not a Sydenham.

The writer deprecates any imputation of partiality, in his enumeration of examples to confirm his position—quite unnecessary—as it is not pretended to be as full as it might be. Some, indeed, may think his allotment to the little State of Rhode Island rather liberal; by the same rule, I suppose, that they find fault with the Constitution for allowing her as many Senators as the largest State in the Union: besides, it must be admitted in his defence, that of the two *living* medical men ascribed to her, one unfortunately died some forty years ago. Dr. Senter was indeed a distinguished practitioner both in physic and surgery, but not much of a writer

—no stranger to books, if he never wrote one. He was, however, mainly a self-educated man, and owed the extensive reputation he enjoyed to superior native sagacity, his talent for observation, and great experience. His survivor, I believe, is a considerable writer.

There may be many reasons why the best practitioner is not often a voluminous writer. He may, perhaps, be disgusted by the abortions he sees daily falling from the press; and perhaps he may think his few leisure hours better employed in *thinking*, rather than in reading or *writing* a book—but, above all, he feels and laments, that the faculties (whether natural or acquired) to which he owes his eminence—his better part of knowledge, the discriminating judgment—the tact—the practical skill—which enable him to disentangle the manifold complications of disease, and hit the right nail on the head—is a thing which he cannot *communicate* to others—it has grown with his growth—has lived, and must die with him.

Why did not Napoleon (who was a first-rate practitioner) write a book on military tactics, which might teach every commander how to gain victories like those of Austerlitz or Jena? *Sat verbum.*

We have good reason to believe, that in our own country, there have been many skilful physicians, who after a life of activity and extensive usefulness, have died thus *intestate*. Venerated and beloved as public benefactors by one generation, faintly remembered by a second, and forgotten by a third—and the *hic jacet* in some country burial-ground is all the *literature* that remains of them.

S.

ON THE TREATMENT OF HYDROPHOBIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—There is hardly a single volume of the Medical Journal for the last twenty years that does not contain some allusion to *hydrophobia*, and more or less general remarks upon this very formidable, and too often fatal, disease. In the September No. of Vol. XXVI., you observe that you have heard that some of the physicians of Louisiana are remarkably successful in the treatment of it, and that if they have made any discovery which would be of general utility, they should at once communicate it for the benefit of the public. Let me remark, *en passant*, that hydrophobia is not a very common disease in Louisiana, nor even in New Orleans, and by no means so common as in some of the northern cities; while it is more frequent, I imagine, throughout all Europe than in the U. States. In the different parts of the Prussian monarchy the number of deaths in ten years, as reported in Huseland's Journal, amounted to 1666. In one province alone there were 228. In Mexico the disease is very rare. In South America, though it has occasionally been seen there, it is now almost unknown.

Two fatal cases of hydrophobia, however, occurred in New Orleans in April last, and are melancholy proofs, if any were wanting, of the total inefficiency of the present mode of treatment recommended and practised in this deplorable disease.

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I am not aware that any of the physicians in Louisiana have written or published anything upon this subject. In a long course of Southern practice I have seen but one rabid animal, and of the several persons severely bitten by it, not one proved fatal. Six blacks, both male and female, were bitten by a mad dog, and severely wounded in different parts of the body, for which I immediately prescribed, and all of which healed quickly and kindly, by the simple application of *chloride of soda*. This was more than a dozen years ago, and long before I had heard of the successful application of *chloride of lime* in similar cases, by M. Coster, a French physician, and for which I believe he was knighted by the King, and receives a pension from the French government for his "valuable discovery." I applied the *chloride of soda* immediately, and almost in its concentrated state, to each of the wounds made by the rabid dog, of whose confirmed madness we had unequivocal proofs, and each and all of them suppurred directly and healed kindly in the course of a few days. Two of the wounds were upon the upper arm and leg, and both of them large and ragged. The subjects were not confined more than a day or two—had no illness—manifested no alarm—and have experienced no subsequent disease.

Hydrophobia is a very mysterious malady, and when fully developed is almost always regarded as fatal. Cullen and Darwin speak doubtfully of any preventive remedy for it. Fothergill says that all the remedies proposed, either as preventives or cures, are found by experience to be altogether ineffectual. But chemistry and therapeutic medicine have made rapid strides since these authors flourished. Thousands have been successfully treated and cured since their day, and that seemingly by every variety of means, both local and general—bleeding—cupping—ablation—excision—cauterization—salivation—acids—alkalies and wine! M. Buisson has published a memoir in France to show the efficacy of the vapor bath in curing hydrophobia. He gives many cases in which the remedy was successful.

In ten years there were admitted into the hospital at Zurich 233 persons bitten by different animals (182 by dogs) of whom only four died. Of 184 cases entered at the hospital at Breslau in 14 years, 2 only died of hydrophobia.

Dr. Wendt has published a tract in support of the preventive treatment, which has been adopted in the hospital at this latter place, against this dreadful disease. The prophylactic measures are the same as those which were first adopted in the hospital by Dr. Kruttze in 1797. These consist of the application of cantharides to the wound, and the internal use of calomel, and the external inunction of mercurial ointment, until salivation is effected. M. Wendt appeals to an experience of twenty-eight years as a guarantee of its success.

Numerous writers of the most celebrated credit have recorded, and experience verifies the fact, says Dr. Thatcher, that a large proportion of persons bitten by dogs actually mad, are never affected by the disease, even though they dispense with preventive remedies. This is somewhat

consolatory, to be sure, but ought not to induce a security which may prevent every precaution being taken to avert such a direful and distressing result.

It would be very desirable, indeed, to ascertain with precision the utmost limits between the bite and the access of the disease, but this would seem to be impossible. The action of the poison is doubtless influenced by circumstances. Ten or twelve days has been considered the average in the canine species, and the most common period from ten to twenty in the human subject. Dr. Mease has given a case in which the disease did not appear till upwards of three years after the bite of a rabid animal. Dr. Bardsley relates a case, referred to by Dr. Good, in which hydrophobia appeared twelve years after the bite of a dog supposed to be mad. In Vol. VII. of the N. E. Medical Journal, several remarkable and well-authenticated cases of hydrophobia are mentioned, in which the disease appeared *fifteen years* after the bite. Three brothers of an unfortunate victim to this disease, were bitten by him in his madness, during his fatal illness, and all of them died, sooner or later, of well-marked hydrophobia. These are wonderful and highly interesting cases, and for many reasons are worthy of the special consideration of the medical profession. Morgagni has quoted a "well-attested case," in which a period of *forty years* elapsed before the disease appeared!

I look upon the preventive or preservative treatment of hydrophobia as all-important, as it is by this chiefly that life is to be saved. The poison must be destroyed *in limine*, and as early as possible after the bite. It is now altogether *local*, and may be removed or destroyed as easily as a chancre, or the poison from the bite of a venomous serpent. For this purpose I would urge upon the profession the early use, in every case, of the *chloride of soda*, as an infallible remedy, and with all confidence in its specific virtue. It is to this element alone, probably, that we are to attribute all the specific action of the *Scutellaria* or *scull-cap*, so much extolled of late, and so successfully applied in the treatment of hydrophobia—for it is largely impregnated with *chloride of soda* and other salts. And why not? We have many vegetable specifics for the bite of serpents, and that there should be anything more concentrated or deadly in the poison of mad dogs, is highly improbable. We have the *Algalia*, or *yerbe del sapo*—the *cahinca*—aya—pana—the *vejuco du guaco*—rattlesnake's master, &c.—all of which, and many more, are proof against the bite of the most venomous serpents. Two of these latter South American plants are species of *eupatorium*, and have been highly extolled for their anti-poisonous and anti-hydrophobic properties.

In the 1st and 2^d volume of the *American Farmer*, may be seen a drawing of the species of *scull-cap*, and several well-written papers, embodying the chief facts concerning the efficacy of this plant in controlling the force of the disease. The proof is irresistible that its virtues are almost specific, and more than one thousand well-attested cases are reported as having been completely and speedily cured by its use. The late Dr. Rob't Brown, of New York, had such confidence in it that he declared, if

bitten himself, he would rather trust his life to it than all the physicians of the city.

The excellence of alkaline salts, as antidotes to the venom of serpents, has long been established. The *volatile alkali* is a common remedy in India for the bite of the cobra copella and viper, &c. The poison of the moccasin and rattlesnake is immediately counteracted by the application of this remedy. I have used it often with success. Your Louisiana correspondent did right in giving *aqua ammonia* in his case of snake-bite, which he lately reported, but his dose was quite too small. Had he given five times the quantity, his patient would have recovered and gone to work in five hours instead of as many days. Such accidents are very common in the planting States, where the blacks spend much of their time in the woods and fields.

As the symptoms of the bite of serpents resemble somewhat those of hydrophobia, viz., spasm of the glottis, locked jaw and profuse discharge of saliva, why should not the volatile alkali be found a useful remedy in canine madness? This idea was long ago suggested by a writer in the Medical Repository, and seems worthy of attention.

Sweet oil, also, internally and by inunction, is a specific for the bite of serpents, and has been successfully used in hydrophobia. It was first used, I believe, in Italy, half a century ago; and Dr. Miller, of South Carolina, mentions a case of hydrophobia where it was successfully used in this country as early as 1798. Considering the similarity of these two maladies, or their symptoms as above noticed, why should not the olive oil prove as generally successful in the one as in the other? It needs further trial to establish its virtue. In the bite of serpents I use the spts. hartshorn or sweet oil indiscriminately, externally and internally, and never fail of success. I have used them both in numerous cases of bites of the moccasin and rattlesnake, and have never had one prove fatal.

Whether the action of the two animal poisons is alike, it is difficult to say. One or the other, or both, perhaps, may produce death by acting upon the nervous system, or more likely by absorption. In the case of snake-bites the action of the poison is very rapid. We have been told that an Indian hunter, who was bitten by a rattlesnake, while warm upon the chase, fell instantly upon the ground and died of convulsions in fifteen minutes.

Prof. Mederer, of Germany, in a letter published as early as 1783, proposed a preventive remedy quite similar in effect to that now recommended. It was simply a solution of thirty grains of *lapis causticus* in a pint of water, to be freely applied to the wound. The remedy was applied to a great number of bitten persons, it is said, and always with success.

Dr. Haygarth used *soap and water* in hydrophobia, in several instances, with success also. This is similar to the chloride of soda in its effects, and the principle in its local application is the same, viz., to destroy the poison.

In Russia the doctrine is quite prevalent that hydrophobia is altogether a local disease, situated in the glands of the mouth. These tumors being opened by the knife or caustic, it is said, will prove an infallible remedy.

Dr. Marochetti says that the appearance of tumors of unequal size

under the tongue, always and uniformly marks the existence of hydrophobic virus, which can easily be ascertained by the touch. The tumors should be opened and washed, when the virus will be destroyed. The doctor used a decoction of *yellow-broom flowers*, in several cases, and with uniform success.

There is little danger of hydrophobia, we apprehend, till the poison is diffused through the system. Here the specific animal poison, like that of another disease above alluded to, and familiar to every general practitioner, has probably entered the system by the absorbents, the constitutional symptoms manifest themselves, and the disease is developed in all its horrors. Now if this specific poison be neutralized or destroyed in the germ, or when it is merely local, no absorption can take place, and of course there will be no danger of subsequent or constitutional disease.

If, therefore, the *chloride of soda* possesses the power of decomposing this tremendous poison, and can be confidently relied upon, as I believe it may, to destroy the virus, even after it has manifested itself in the salivary glands and affected the constitution, death is deprived of its victim, and hydrophobia will no longer be regarded as an incomprehensible and necessarily fatal disease.

When absorption has taken place and hydrophobic symptoms begin to be developed, small vesicles or tumors make their appearance under the tongue or salivary glands. The treatment now should be active, and the remedies promptly applied. Apply cupping glasses for a few minutes, over the originally wounded part, and wash with the chloride of soda as first recommended by M. Labarraque, and employed externally and topically to wounds, ulcers, &c. If vesicles are seen under the tongue, as described by Marochetti, and hydrophobic symptoms have appeared, scantly the part directly with a lancet and apply the chloride freely. This practice of making incisions under the tongue has been employed successfully in Thrace, and approved by the French Academy, at any and every period of the disease, and without any regard to the appearance of the ordinary pustules there. It is regarded as infallible, and no apprehensions of hydrophobia are entertained.

During the treatment caster oil and turpentine, with peppermint water, or some other carminative, should be freely administered, and assafetida larmements to relieve the gaseous distension of the bowels, which is always a prominent symptom in hydrophobia. The chloride of soda should be given internally, diluted with ten or twenty parts of water, and repeated as circumstances may demand.

It is useless to allude to the thousand and one empirical remedies for hydrophobia, which have been palmed upon legislatures, the profession, and the public, for the last hundred years; but I cannot refrain from noticing one which comes to us "by authority," and which may be new to most of your readers, and serve as a pendant to other remedies now in use, and prove beneficial, perhaps, when all others have been abandoned. In hydrophobia, as in cholera, where theory and practice seem to have proved so inefficient, we seem, for both objects, to have a right to look for new paths; trusting to Providence for aid, and using our own prudence

chiefly for avoidance of mischief. I am not for continuing to navigate the common stream, said a venerable and estimable friend of ours (now no more), when I see it leads every one to a cataract, and know how innocent the attempt may be for finding a portage.

"An infallible Cure for the Bite of a Mad Dog, brought from Tonquin, by Sir George Cobb." "Take of native and factitious cinnabar, twenty-four grains each, and musk sixteen grains; rub them together in fine powder, and put into a small tea-cup of rum or brandy. Let it be well mixed and given to the person as soon as possible after the bite. A second dose of the same must be repeated thirty days after the first, and a third may be taken in thirty days more. But if confirmed symptoms appear in the persons bitten, they must take one of the above doses immediately, another in an hour after, and a third a few days later. The above dose is for an adult person, and for children must be reduced in proportion to age. This medicine, it is said, has been given to hundreds, and Sir George Cobb himself cured two persons by it who had the usual symptoms of madness."

Yours, &c.

Louisiana, February, 1843.

SOUTHRON.

THE NERVOUS SYSTEM AND THE NEUROSES.

[A SMALL pamphlet is before us, entitled "Observations on the Nervous System and the Neuroses ; being the subject of a course of Lectures delivered on Saturday, Feb. 18th, and Tuesday, Feb. 21st, 1843, before the medical gentlemen of Buffalo, N. Y." But before we had fairly commenced the examination of this new thing—for such it certainly claims to be—the following communication was received from the author, Edward J. Ferguson, M.D., which may perhaps throw a little light on what looks like a dark subject. Extracts may perhaps be given hereafter from the pamphlet above alluded to.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In my Observations on the Nervous System and the Neuroses, I have explained an important provision of nature, which I have termed the grand conservative action of the economy. This great provision preserves the body from being thrown into disorder by slight impressions; it is the *modus curandi* of nature; and it is the *modus curandi* of the physician. The great conservative balance between the internal and external systems, explains many phenomena hitherto deemed inexplicable; it is the safety valve, so to speak, of the body.

I have shown how it explains the occurrence of many diseases, as pneumonia, bronchitis, hepatitis, diarrhoea, dysentery, &c., from *external* impressions; and also the occurrence of nephritis, erysipelas, various diseases of the skin, the excited external vascular action in fever, the muscular contractions of the neuroses, &c., from *internal* impressions.

In this paper, it is my intention to offer an explanation of some actions which depend on the conservative balance, and which have been imper-

fectly understood. I have mentioned that the kidneys have no nerves peculiar to themselves. The kidneys are, in fact, an important part of the external system, and of the great balance. They are connected with the abdominal viscera, by the abdominal nervous system; but they have no connection, by non-cerebral nerves, with their own external system. They cannot, therefore, be acted on by external impressions directly; but they may be so indirectly, through the abdominal viscera.

Impressions on the external system conveyed to the internal system by the abdominal nervous system.—When an individual, while perspiring, exposes himself to the cold air, an action takes place, which may be referred—1st, to the local impression; and 2d, to the conveyance of the impression, by the non-cerebral nerves in the compound nerves, to the abdominal viscera. The first causes contraction of the capillary vessels, and suppression of the perspiration. The second causes excitation of action in the abdominal viscera—diarrhoea; or the impression, conveyed back from the abdominal viscera to the external system, may excite the kidneys, and so produce a copious flow of urine.

I have noticed several of the effects produced by impressions, which are conveyed by the non-cerebral nerves from the internal, to the external system. Let me notice another—jaundice. In remittent fever, and in various diseases of the liver, the secretion of the bile is partially or totally suppressed. Now it is necessary that the change of the blood made by the liver, shall be made by some other organ; else death must inevitably and *instantly* ensue. This is done through the grand conservative action. The impressions, conveyed outwards to the vessels of the external system, from the disordered internal viscera, cause the external capillaries to secrete bile; and to withdraw the effete material from the blood. Life is thus preserved.

In suppression of urine, diarrhoea preserves life in a manner precisely similar, only the impressions are conveyed inwards. And in this way it can be shown, that the suppression of any secretion, may, for a time, be innocuous; owing to the preservative influence of the conservative action. Again, in consumption, it has been remarked, that if the sweats are by any means suppressed, the patient soon dies. My explanation of this is very simple. The sweating is a consequence of the conservative action, and is intended by nature to keep down the local vascular excitement, which arises from the local impression of the tubercular matter. And it is by this conservative action, that nature attempts to remove all local disorder.

It is not my purpose, at present, to enter further into this subject. In other papers I have stated what I consider to be the real *modus operandi* of the *materia medica*. I have endeavored to explain my physiological views, so that they may furnish the necessary data for the practical physician.

E. J. FERGUSON, M.D.

Buffalo, N. Y., March 8, 1843.

HOAX.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN we prepared our remarks on "the use and abuse of calomel," we expected and confidently looked for a response from Professor Chapman or some of his friends, denying the paternity of the article or acknowledging its authorship, and justifying the course pursued. But we were not prepared for the lame and unsatisfactory explanation which appeared as an editorial in the 2d No. of "the Medical News." The editor would fain persuade the profession that it is all a forgery, and of so gross a character that none but those "whose optics are none of the clearest" could be "hoaxed by such a shallow trick;" and seems to intimate that no medical intelligence can be considered authentic or worthy the attention of the profession, which appears in a *newspaper*. The editor can hardly suppose that such an article, emanating from any member of the profession, could find a place in any respectable medical periodical, for whoever may have been the author of the paragraph in question, he manifestly never designed it for medical men, but clearly intended "to alarm the ignorant, and to make gulls for his net," and that, too, whether he hailed from "the gentle craft" or the regular college of *medical doctors*. Hence, "those useful disseminators of authentic medical intelligence," newspapers, were selected to carry out his designs. The *steamer*, who "resorted to the artifice of putting forth, under the sanction of a respectable name," such an article, seems to have been very judicious in his selection—for had he searched the profession from Maine to Louisiana, from the Atlantic to the Lakes, he could have found but one other *live professor*, whose medical opinions, heretofore expressed, would have justified a belief of the slander.

How much we may have been "hoaxed by this shallow trick" we are not prepared to say, but we will candidly acknowledge that, as we did not possess the "*clairvoyance*" of the editor of the News, and could not so "*manifestly*" see the steamer forging the professor's name, we were compelled to form our conclusions in a more round-about way; and as our opinion was founded on what we considered tenable grounds, we must have better evidence than we have yet seen before we change it.

It is well known to the profession that Professor Chapman twenty years ago entertained and advocated the medical opinion contained in that paragraph, to wit, the perfect and entire identity of the symptoms of mercurial disease with those of syphilis in all its phases; that this identity was so perfect "as to perplex and confound the judgment even of the most enlightened and experienced." Hence we concluded the paragraph under consideration might legitimately come from him, and particularly as we believe the Professor has changed few or none of his medical views in the last twenty years; at least we have no evidence that he has repudiated this. Further, from the manner in which he has heretofore treated those whose medical opinions he had occasion to controvert, we were justified in concluding that the personalities of that paragraph might naturally come from him. But above all were we justified in believing the

Professor in some way connected with this matter from the determined silence of him and his friends, who have permitted it to travel the length and breadth of these States nearly two years without contradiction. It may be among the *possibilities* of this life, but not among its *probabilities*, that Professor C. had never seen the article ; if so, it becomes him to plead earnestly to be saved from his friends, for, by permitting so base a forgery and slander to travel uncontradicted from May, '41, to February, '43, they were surely very indifferent to *his* good name and the character of the justly popular school with which he is connected.

We were so unreasonable as to believe that the Professor or some of his friends would, immediately, on seeing the paragraph, pronounce it a forgery, and check this base slander in the bud ; but month after month passed—until it appeared in not less than five or six of the most respectable journals of the country, and yet no disavowal from any one. Hence we believed, if the Professor was not the author, he or his friends were willing he should avail himself of all the benefits which might accrue to him from the general diffusion of such opinions, and that the paragraph might produce its full effect upon their medical brethren and upon the profession.

However "*manifest*" the authorship of this "*hoax*" might be to the astute editor of the *News*, however well he might be satisfied that no such paper could emanate from the eminent Professor of the University of Pennsylvania, and however well assured he might be that no professional man would for one moment believe it, yet, as a good citizen, he was bound by all the usages of civilized society, immediately to expose the forger and the forgery. As a friend to the Professor his manifest duty was to notify him of the slander, that he might at once disavow it—and as a worthy member of a benevolent profession, the *ignorant* and *uninformed* had claims upon him. But by his silence he aids the author of the paragraph, and leaves those, whose only crime is want of knowledge, under the influence of their prejudices, to reject the prescription of the regular physician and to fall into the toils of the steamer ; when a single word from him might perhaps have been the means of restoring the health or preserving the life of many a worthy man. And yet, the editor of a respectable journal can, with unblushing effrontery, tell us it is only a laughable deception, which he seems to consider as a piece of fun calculated to impose, only, upon the *weak ones* of the profession, while he, with the eminent Professor, appears, for some time, to have been standing back to enjoy the sport.

We are truly sorry that the editor has departed so far from the dignity of the profession as to resort to the poor subterfuge of "*a hoax*" to save his friend, when it would have been much easier, and infinitely more satisfactory, to have given us at once the best evidence of which the nature of the case would admit—the Professor's *candid, frank disavowal*. Until this comes, we must be permitted to believe that for withholding it, there are the *best of reasons*.

We assure the editor, his assertion that our "*optics are none of the clearest*," will never give us one moment's uneasiness so long as our opin-

ions are in accordance with the views of such men as the editors of the Western Journal of Medicine and Surgery. That they, too, "have been completely hoaxed by this shallow trick," will appear by a reference to their December No., which we would particularly commend to the consideration of the editor of the News.

In conclusion, we are greatly mistaken if that portion of our article which the editor considers "*windy*," should not, in the end, prove to be but the "gentle western zephyr," compared with the blast which will shortly come from the South, like the simoon from the desert, and wither all upon which it may fall.

ARETEUS.

Ohio, March 8, 1842.

ANOMALOUS DISEASE AT THE WEST.

[THE following communication was sent to a professional gentleman of high standing in this city, who kindly placed it at our disposal. Although the writer's name is not appended, we are assured he is a man of respectability, residing at Walnut Hills, Ohio, whose account may be implicitly relied upon. Not being from a physician,* it makes no pretensions to a scientific narrative, but is simply a general description of an anomalous disease, not only unknown to us, but perhaps unparalleled in history. The subject, we understand, was a student of the Lane Seminary at Cincinnati. Dr. Mussey, we trust, will soon furnish the details in a way to be correctly understood.]

About the middle of November last, some of our students were taken sick; and out of sixty, twenty-seven have been dangerously ill. Very soon after the sickness commenced, I took one of the young men into my house to nurse him and get him well. He had just been licensed to preach; a noble fellow, with a tall, muscular frame; self-denying, devoted, amiable, full of life and energy. The disease took strong hold of him. After about six weeks of suffering, his flesh began to decompose, and drop from his bones like the flesh of a dead man. We tried every way to prevent it; and I washed him all over myself twice every day. But nothing did any good. His body decomposed, and ran away in the most sickening, offensive, gory matter. Sometimes pieces of flesh came off, three inches long and an inch wide. Dr. Mussey said it was the most horrid thing he ever heard of. My whole house smelt like a tomb of rotting carcasses. My wife and all my children were taken sick, and nothing but the urgency of the case enabled me to keep about. I loved the man dearly, and felt as if I must take care of him. The physician said it would not do for me to attempt this any longer; and I hired a stout fellow to help me. He gave out the first day, and left me alone. I then hired a student, and he staid by very faithfully two weeks, when he

* Geo. Fordyce, Dr. Jenner, J. Hunter, M. Baillie, E. Home, A. Carlisle, and J. Clark, published "Transactions of a Society for Improvement of Medical and Chirurgical Knowledge," Vol. I., 1785; J. Hunter furnished seven papers, including in thirty-eight pages, "a case of a gentleman laboring under a fever, 1780, drawn up by himself, together with the cases of his 6 fellow sufferers, 5 of whom died, communicated by J. H., and read to the Society June 17, 1788." He explains "the vagueness of the terms by the fact that the gentleman is not of the profession."

was taken down with the same disease. The physicians then said it was too much for any man to take care of him two days in succession, and five men were appointed to do it alternately. The poor fellow laid in my house in this way fifteen weeks, before death put an end to his sufferings. During most of the time he was perfectly rational and conscious of everything that happened to him; and yet not one complaining or impatient word, and scarcely a groan escaped from him. I never in my life saw either such long-continued suffering, or such patient endurance. Here is the disease which has been among us ever since November. This was the most aggravated case; but several have been nearly as bad, though only four deaths have occurred.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MARCH 22, 1843.

Dictionary of Practical Surgery.—Owing to a mistake at the publishing house, a copy of Dr. Reese's edition of Cooper's Dictionary of Practical Surgery was received only about ten days since, although out of press some months ago. This circumstance, however, has only increased our curiosity to examine into the merits of the American editor's labors. Not to be acquainted with Mr. Samuel Cooper's writings, and especially with his Dictionary of Surgery, is hardly supposable in this reading age. If it was an object to obtain that work, the desire must be enlarged ten fold to have it in its new garb, enriched by the industry of Dr. Reese, who has collected together the annals of American surgery, and shown, in a manner honorable to our country, that the science is not only cultivated with becoming energy in the new world, but improved by the genius of our operators.

We scarcely know where to commence, in speaking of this exceedingly useful volume. In addition to the original work, there is an appendix, embracing all the valuable improvements of the 7th and last edition of the author in 1838; together with all the recent improvements in Europe since that date, and a record of the meritorious operations performed by American surgeons in various parts of the United States—"thus bringing down the science to the present time." This important addition is preceded by an alphabetical catalogue of all the surgeons whose operations or contributions to surgery are referred to, either in the notes or the appendix. Full justice is meted out to these gentlemen, which is nowhere else done in the same conspicuous and orderly arrangement.

No one can appreciate or properly estimate, without a careful examination of the whole, the vast amount of literary drudgery Dr. Reese must have gone through to produce this work. That the book must be of daily importance to the general practitioner, seems unquestionable. If we wish-

* A Dictionary of Practical Surgery, &c., by Samuel Cooper. Revised, corrected and enlarged, from the seventh London edition, with numerous notes and additions, embracing all the principal improvements, together with a supplementary index, &c. By David Meredith Reese, M.D., Professor of Theory and Practice and the Principles of Surgery, in Castleton Medical College. New York: Harper & Brothers. Pp. 506. 1842.

ed to give our correspondents abroad the completest history of American surgery extant, with all the improvements which characterize the age, a present of the American edition of Cooper's *Dictionary of Practical Surgery*, by David M. Reese, M.D., would be the best messenger.

Compendium of Eberle's Medical Practice.—A huge sheet, as elaborately constructed as the tables of logarithms in Bowditch's *Navigator*, came to our address the other day, with a request that it might be noticed—"and stuck up in our office." We should as soon think of pinning the editor of the *Botanico-Medical Recorder* himself, who so modestly makes the request, on the wall, so far as our own personal gratification is concerned, as this incomprehensible, cabalistic piece of mummery! One square is allotted to the title—which runs thus: "A complete compendium of Eberle's Practice of Medicine, prepared with great labor and care, and kindly furnished by Hardy Wallace Hill, M.D., Prof. of Anat. in the *Botanico-Med. College of Ohio*. With an introduction containing an epitome of the regular doctrines and rules of practice, and the character of the most important remedies, by A. Curtis, M.D., Prof." &c. Here is Monsieur Tonson again! The idea of the compendium itself is really very good—students might have found it a convenient chart to consult; but if it is true in domestic economy that too many cooks spoil the broth, it is equally true that no dish is improved by this constantly sprinkling in of cayenne and lobelia: We do not intend to say that such is literally the case in this instance; yet the entire artillery of the authors of this great sheet of medical bugbears, is hurled at the remedies in ordinary use by the profession, with a secret hope of bringing them into disrepute. What article thus used escapes the denunciation of the champions of Thomsonism? Nothing, from the hyssop that springeth out of the wall, to the nicest combinations of the pharmacopœia.

If our indefatigable botanico-Thomsonian journalists would expend half as much strength in the beaten path of inductive science, as they do in combating principles which they either never yet understood, or wilfully pervert, their labors would be appreciated; and coming generations would pass their names onward as benefactors of mankind. But they are, unhappily for themselves, engaged in a continual warfare against an enemy who regards them no more than the rhinoceros does the tiny bites of an insect.

Medical Department of Laporte University—Laporte University is located, says the *Western Journal*, in the centre of an uneven region of country, viz., northern Indiana, the northern part of Ohio and Illinois, and the whole of Michigan, Iowa and Wisconsin. A charter was procured only about one year ago, and yet a class of fifteen medical students was gathered at once. Since then a medical hall has been erected. According to the *Journal* from whence this intelligence is obtained, the following gentlemen compose the board of medical faculty. Daniel Meeker, M.D., Professor of Anatomy, Physiology and Surgery, and Dean of the Faculty; G. A. Rose, M.D., Professor of the Theory and Practice of Medicine; J. P. Andrews, M.D., Professor of Obstetrics and the Diseases of Women and Children; Franklin Hunt, M.D., Professor of *Materia Medica*, Botany

and Medical Jurisprudence ; J. B. Niles, M.D., Professor of Chemistry and Natural Philosophy ; J. G. Newhouse, M.D., Demonstrator of Anatomy.

Interments in the City and County of New York, 1842.—John H. Griscom, M.D., City Inspector of N. Y., has completed his annual report, and addressed it to the Common Council. Those who have been favored with it must acknowledge it to be a very finished public document. There is too much of it to be copied entire, and yet it grieves us not to be able to exhibit its strongest features, by re-publication. Tables could not be more methodically constructed, nor more accuracy characterize such a complicated undertaking. In 1842, the whole number of interments in the great city of New York, was 8475, exclusive of premature and still births ; being 56 less than the preceding year. Of these, 4110 were white males, and 3831 white females. Colored males 255, and colored females 275. The premature and still births were 701, making a grand total of 9176 burials in 1842. A series of philosophical remarks, of thirty-four pages, demonstrates the profound attention which Dr. Griscom has given to the statistics of mortality. Finally, his reasonings on preventive sanatory measures are worthy of the immediate attention of the conscript fathers of the city, since they point the way to comfort and health, and it would be inexcusable not to be influenced by the advice of a public officer who is sound in judgment and humane in character.

Great Lunatic Asylum at Utica.—From the report of the managers to the legislature of the State of New York, early in February, the following items are gleaned in regard to the conveniences of this costly institution. It is estimated that when the present building is filled with patients, 4000 gallons of water will be required daily. The water is forced by a pump through an iron tube of a two inch bore, 450 feet, to a reservoir in the attic story. Dr. Brigham, the superintendent, has a fixed salary of \$2000, besides, we suppose, because customary every where, proper apartments for his family, furniture, board, fuel, lights and servants. The present year he is to have \$500 extra, to cover the expenses of removal from Hartford. An assistant physician, Dr. H. A. Buttolph, has \$500 per ann. ; the treasurer and steward the same, and the matron only \$200.

Having some months ago published a complete architectural description of the principal edifice, it is unnecessary to repeat the account. It is 550 feet in length, and with the basement, could be made, says the report, to accommodate 300 patients.

Extensive out-buildings are contemplated, exceeding an outlay of \$10,000. It seems that a farm already belongs to the establishment. The purchase of more land is recommended on account of certain advantages to be realized to the hospital.

Circulars were sent by the managers to the assessors of every town in the State, for the purpose of ascertaining the exact number and the names of every lunatic ; but they have scarcely been noticed, so that no accurate returns can be hoped for at present. By the U. S. census of 1840, there were then in the State of New York, 2340 lunatics and idiots ; being one to every 1038 inhabitants—the whole population being 2,428,921. Of these, 739 were a public charge. In April, 1841, the Secretary of State

announced to the legislature that the number supported by the public had increased to 803. By this time, with the reverses in business within the last two years, and the general stagnation of trade and manufacturing interests, which have utterly broken down an immense number of families, the catalogue has unquestionably very considerably increased.

For fixtures, drain, mill, and towards completing the building for the reception of patients, \$5,618 58 were paid. Furniture, \$4,419 42; attendants, assistants and laborer, \$346 80; fuel and lights, \$456 32; provisions and household stores, \$323 97; steward's current petty expenses, \$250 00; books, \$12; and miscellaneous expenses, \$272 66—making a total of \$11,699 75.

The Asylum is an honor to the State, as it evinces sympathy for the unfortunate; and posterity will cherish it with a fond regard, as a striking evidence of the benevolence, liberality and Christian spirit that influenced their fathers in its erection.

Ohio Lunatic Asylum.—It appears that during the four years of its existence, 408 patients have been received. Of these, 165 have been discharged, cured; 11 have been discharged improved; 43 have been discharged as incurable, and 47 have died. The whole number of recent cases, as they are termed, that is, of cases where the disease was of less duration than one year, is 171. Of this number 122 have been discharged with their faculties entirely restored. The proportion of cures, with reference to the whole number received, is 40.44 per cent. The proportion in the recent cases is 86.02 per cent. The latter proportion shows that the danger of recent cases of insanity is little more than that of severe cases of fever.

The following passages from the Report are worthy of particular attention.

"Accumulated experience, and the progress of medical science, have established a series of facts and principles, in regard to insanity, that cannot be too widely diffused, nor too deeply impressed.

The most important of them may be condensed as follows:

Insanity is the result of some bodily disease which affects the brain.

The affection, at the *outset*, is usually *functional* only. If the disease be not arrested, the affection in most instances will become structural, and most probably permanent and incurable; so that the organ affected can never resume its proper functions as connected with the operations of the mind.

So long as the affection is *functional* it is within the reach of remedial agents, and may be subdued; and where even the worst forms of *structural* lesion subsists, the condition of the patient may be greatly alleviated by proper remedial treatment.

It is of the greatest importance that the disease should be vigorously met as early after its development as possible.

The chances of cure diminish in a rapidly increasing ratio, in proportion to the duration of the disease.

It is confidently asserted by the highest medical authority, that acute mania, when treated properly in its earliest stages, is not more difficult of cure, and has been cured in as many instances out of a given number, as bilious fever of a high grade, or any other form of severe acute disease."

Births, Marriages and Deaths in Massachusetts.—A principal object of this paragraph is to thank Mr. Bolles, the Secretary of State, for a copy of his first report relating to the registry and returns of births, marriages and deaths, in this State, since the act of March, 1842. It is a document requiring untiring patience in the compiler, but which can never be positively correct, till every town clerk is paid liberally for collecting the vital and necrological statistics of the town in which he resides. A new thing as it is with us, its importance can be estimated already, and posterity will acknowledge the obligations each individual is under to the registration law, if proper means are hereafter taken for its enforcement. Lemuel Shattuck, Esq., of Boston, is the man, of all others, who should be set apart by the Secretary, to collect, prepare and systematize the materials of this valuable annual publication.

Fiske Fund Medical Prize.—The successful dissertation on spinal diseases, which won the Fiske prize from the Rhode Island Medical Society, by Usher Parsons, M.D., being the eighth in the series of published prize questions, is now circulated in a neat pamphlet, containing fifty-eight pages. Its title is—"Spinal Diseases, both structural and functional—their causes and treatment." Gentlemen interested in that particular branch of the profession, would doubtless consult this essay with profit.

Popular System of Anatomy.—Mr. Robert S. Davis, a Boston publisher, has just issued the seventh edition of the Class-book of Anatomy, a popular treatise, designed particularly for schools, academies and collegiate institutions, although extensively patronized by the medical profession. The new, improved edition may be procured in New York, Philadelphia, Vicksburg, Miss., Cincinnati, New Orleans, and of the principal publishers in all the southern and western cities.

The experiment of introducing the study of elementary anatomy and physiology into common schools, may now be considered as having been fairly tested. No school book has ever succeeded better in this country; and the annual sales are constantly increasing, which is a conclusive evidence of the importance which parents and instructors attach to this beautiful, useful and all-engaging study. What subject can produce greater elevation of thought, than the contemplation of the works of the Creator, as manifested in the complicated organization of the human frame?

Medical Miscellany.—The inmates of the Naval Asylum, at Philadelphia, have addressed a petition to the Secretary of the Navy, setting forth their grievances, in which Dr. Barton, the Surgeon of the Naval Medical Bureau, is presented in a manner not at all calculated to increase his popularity. Surely the doctor must imagine himself persecuted at all points; since, like the twelfth man on a Limerick jury, he finds that his eleven associates are obstinate fellows.—The seventh volume of the Western Journal of Medicine and Surgery is to be opened by an elaborate experimental paper by Dr. Gross, on wounds of the intestines, with engravings—it will occupy a considerable part of the three first Nos.—The Geneva Repository has a fine article on Dr. A. Grant's missionary visit to the Nestorian Christians, in the mountains of Kurdistan. Although there is

allowed to be an ethnographic interest in the doctor's theory of the descent of the Nestorians from the ten lost tribes of the Jews, it would not be difficult to show that he is altogether in an error.—A young medical student by the name of Mecedelia, of Verona, has re-discovered, it is said, the art only known to, and lost by the death of, Dr. Segato, of converting dead bodies into stone. More will be known of this directly, if true.—A medical dispensary is now in thorough and successful operation in the city of Jerusalem, which will probably lead to the establishment of a commodious hospital within a few years.—Smallpox is represented to be distressingly prevalent at New Orleans.—In the annual report of the births, marriages and deaths in Massachusetts, only 19 births occurred in Boston in 1842, according to the return!—A certain Dr. Breevort, a roving phrenologist, generally known in the country towns of New England, is advertised at the West, and people are cautioned not to tolerate his presence anywhere.—The Albany Daily Patriot is quite severe upon Dr. Hun, in regard to some fault he finds with Dr. Sewall's plates of the drunkard's stomach.—A Boston physician, of high literary accomplishments, is engaged in the translation of a foreign work on surgery.—It is stated that eleven persons have been committed to the Insane Hospital, at Worcester, Mass., who were made insane by Millerism.—It is proposed to extend the lecture term at the Castleton Medical College, to four months. The present class, says a correspondent, both in numbers and character, exceeds that of any former session.—Dr. James Macdonald is president of the New York Surgical Society.—Lady Denbigh recently died in London, under the treatment of two homeopaths—which is making a great noise in that metropolis. She had puerperal convulsions—but the remedies employed are represented to have been no better than moonshine.—Dr. Edward Hartshorn has been elected Resident Physician of the Eastern Penitentiary, Philadelphia.—Dr. Monteiro, of Rio Janeiro, applied a ligature to the abdominal aorta, immediately above the bifurcation, in July last, says report, but the patient died on the 10th day after.—From the Medical News we learn that Dr. Katoua, a Hungarian physician, communicated measles by inoculation, and by insertion of the tears of a person sick with that disease.—Dr. Ogmunsden states the case of a man who swallowed a silver tea-spoon, when in a maniacal condition, with a view to committing suicide—which one year after was dislodged from an abscess in the gastric region. The patient recovered.—M. Louis, the great Paris physician, has been raised to the rank of officer of the Legion of Honor.

To CORRESPONDENTS.—The communications of Drs. Ferguson, Abbe, Flint, Crosby, A. F. G., R. C. and Y., are received.

MARRIED,—At Philadelphia, Professor Robert E. Rogers, of the University of Virginia, to Miss Fanny Montgomery.

DIED,—In Chicopee, Mass., Dr. Amas Skeele, 93.—At Philadelphia, Dr. Edwin Shoemaker, of Montgomery county, Penn., in the 26th year of his age.

Number of deaths in Boston, for the week ending March 18, 28.—Males, 10; Females, 18. Stillborn, 4. Of consumption, 5—peritonitis, 2—teething, 1—child-bed, 3—accidental, 2—hooping cough, 2—ulcer in the bowels, 1—erysipelas, 3—dropsy, 1—old age, 1—infantile, 1—jung fever, 2—smallpox, 1—debility, 1—causer in the bowels, 1—lesion of the brain, 1.

Under 5 years, 9—between 5 and 20 years, 3—between 20 and 50 years, 13—over 50 years, 3.

Statistics of the Medical Profession in Norway.—In 1840 there were in Norway 128 civil and 58 military medical practitioners, of whom only 9 (military ones) had undergone no medical examination. In 1816 the number of practitioners was only 99; in 1824, 116; in 1833, 129; in 1837, 148; and in 1839, 159. The numbers of those who had been examined were in 1816, 71; in 1824, 86; in 1833, 95; in 1837, 128; in 1839, 149; and in 1840, 177. The number of practitioners has thus increased 88 per cent. in 24 years; and the number of those after examination, 149 per cent. Since the population of the kingdom in 1816 was 900,000, and in 1840 1,250,000, it follows that in 1816 there was one physician to every 9000 persons, but in 1840 one to every 6800.—*Norsk Magazin for Lægevidenskaben.*

Prussic Acid.—For preparing prussic acid, Dr. Winckler recommends us to put 120 grains of crystallized and finely-powdered pure yellow prussiate of potash into a tubulated retort, and to infuse it with a mixture of 240 grains of a solution of pure phosphoric acid of 1.25 specific gravity, and 480 grains of alcohol of 80 per cent.; to close the whole perfectly; then to put into the receiver 120 grains of rectified spirit of wine, to agitate the retort for twenty-four hours, and to distil after that period, aided by a good apparatus for refrigeration, and to prevent loss by introducing a hermetically adapted glass tube into the main tube, one end of which leads to the bottom of a small glass vessel, rather high than wide, and containing thirty grains of spirit of wine; and to add to the distilled liquor sufficient alcohol to cause its weight to amount exactly to an ounce and a half. The contents of cyanogen, ascertained by nitrate of silver, yielded in 100 grains of the acid 9.027 grains of cyanide of silver = 11.9868 of cyanogen = 2.0621 of anhydrous prussic acid.—*Annals of Chemistry.*

Obstinate Constipation.—In a recent debate, Dr. Chowne mentioned an instance in which habitual constipation in an hysterical girl aged fourteen years, gave way before the internal use of croton oil, and injections of the same remedy. She had frequently gone a week without a motion; sometimes a fortnight, and, on one occasion, a month. In the same debate Dr. Reid stated that he had found, in a case of obstinate constipation in a young hysterical girl, that the most effectual way of producing an action of the bowels was to apply seven or eight leeches to the abdomen. This plan was found to be successful when all other means had been of no avail.

Bisulphuret of Carbon.—Mr. J. C. Atkinson informs us that Dr. Otto, professor of medicine in the University of Copenhagen, has given the bisulphuret of carbon a trial in the following manner:—He prescribes four drops of a mixture composed of one part of the bisulphuret of carbon and two parts of highly-rectified spirits, to be taken every two hours. He also directs the affected parts to be rubbed with an emulsion consisting of one part of the bisulphuret, and two parts of olive oil. The cases in which he has mostly administered the above remedy are rheumatism, enlarged glands, &c., and he ordinarily effected a cure in eight or fifteen days. I have (says Mr. A.) applied it in one patient suffering from a neuralgic affection of the facial nerves, with decided benefit, and I leave my professional brethren to give this new chemical substance a trial.—*Lon. Lancet.*